

AFFIDAVIT

I the undersigned, an owner or other authorized agent of _____
_____ (name of settlement company) do hereby certify that I have reviewed the list of documents and amounts collected, provided by the Fairfax Circuit Court Clerk's Office, which were assessed the Congestion Relief Fee, commonly referred to as the local grantor's tax. I further certify that I am the settlement agent as defined in Section 6.1-2.10 of the Code of Virginia and authorized pursuant to HB 1578 (Chapter 652 of the Acts of Assembly, 2008) to receive the refund of the Congestion Relief Fee, on behalf of the parties who paid the Congestion Relief Fee.

I do further certify that:

_____ My records concur with the documents and amounts collected, as reflected in the list provided by the Clerk's office, and I am owed \$_____.

Date

Name

Name Printed

Title

Email Address

Phone Number

Commonwealth of Virginia:

City/County of _____:

The foregoing Affidavit was subscribed and sworn before me this _____ day of _____, 2008, by _____ (person acknowledging) on behalf of _____ (name of company or entity).

Notary Public

Notary Registration Number: _____

My Commission Expires: _____

Please make the refund check in the amount of \$ _____
payable to: _____ and mail to: _____